

Release of Information Laws and Regulations

Alabama - Iowa

State	Requestor Type	Regulated Search/ Retrieval Fee	Per Page Fee	Legal Reference
Alabama	State Disability	\$12.00 within 60 days	None	State sets fees
	Workers' Comp	\$5.00	\$1.00 1-25; \$.50 26+ (actual postage)	Alabama Code §12-21-6.1
	Subpoena	\$5.00	\$1.00 1-25; \$.50 26+ (actual postage)	
	Attorney/ Insurance/Patient	\$5.00	\$1.00 1-25; \$.50 26+ (actual postage)	Alabama Code §12-21-6.1
	X-ray -- Attorney/ Insurance/Patient	"Actual cost"	"Actual cost"	Alabama Code §12-21-6.1
	X-ray -- Workers' Comp	\$5.00	\$.50	Dept. Ind. Rel. Adm. Rule 480-5-1-.05

Arizona	State Disability	\$12.75	None	Arizona Dept. of Economic Security; increased from \$12.25 to \$12.75
	Children's Rehab Services	No charge to patient, legal guardian, or government agency	No charge to patient, legal guardian, or government agency	A.A.C. R9-108(B) Children's Rehabilitative Services Program
	Mental Health Services		The fee for copying shall be no more than the actual expense of reproducing the record	A.A.C. R9-21-209(D) (F) Department of Health Services
	Behavioral Health		Agencies may charge a fee to cover the actual cost of copies	A.A.C. R9-20-405(A) (11) Department of Health Services
	Workers' Comp	\$10.00 per hour	\$.25 (actual postage)	Industrial Comm. Physicians' Fee Schedule p. 6, ¶14
	Subpoena	\$10.00 per hour	\$.10 (actual postage)	A.R.S. §12-351(F)
	Subpoena -- Microfilm	\$10.00 per hour	\$.20 (actual postage)	A.R.S. §12-351(F)
Arkansas	Attorney/Insurance/Patient		Reasonable fee for the production of medical records	A.R.S. §12-2295(A)
	State Disability	\$15.00 within 30 days	None	State sets fees
	Workers' Comp	\$5.00 (1-5 pp.)	\$.25 6+ pp.	WC Comm. Rule 30, Part VI
	Subpoena	"Costs"	"Costs"	Code of Arkansas §§16-46-302, 303
	Attorney/Patient - Medical Review	Reasonable fee for medical review of records	Reasonable fee for medical review of records	Code of Arkansas §16-46-106 (4)
	Attorney/Patient	\$5.00 (1-5 pp.)	\$.25 6+ (RF at hospitals only)	Code of Arkansas §16-46-106

	X-ray -- Workers Comp	Actual direct cost	Actual direct cost	WC Comm. Rule 30, Part VI-3
	X-ray -- Attorney/ Insurance/Patient	"Excluding x-rays"	"Excluding x-rays" -- rates not addressed	Code of Arkansas §16-46-106
California	State Disability	\$14.05 to 21.60 (+ tax)	Per their grid	State sets fees
	Workers' Comp/ Attorney	\$4.00 per quarter hour or \$16.00 per hour	\$.10 (actual postage)	California Evidence Code §1158
	Subpoena	\$4.00 per quarter hour or \$16.00 per hour	\$.10 (actual postage)	California Evidence Code §1563
	Patient	Reasonable clerical costs in locating and making records available	\$.25 (actual postage)	California Health & Safety Code §123110
	Microfilm -- Patient	Reasonable clerical costs	\$.50	California Health & Safety Code §123110
	Microfilm -- Attorney	\$4.00 per quarter hour or \$16.00 per hour	\$.20 (actual postage)	California Evidence Code §1158
	X-ray -- Attorney	"Actual costs"	"Actual costs"	California Evidence Code §1158
	X-ray -- Patient	"Actual costs"	Reasonable cost not exceeding actual costs	California Health & Safety Code §123110
Colorado	State Disability	\$12.00 (1-10 pp.)	\$.25 11+	State sets fees
	Workers' Comp	\$12.00 (1-10 pp.)	\$.25 11+ (actual postage)	WC Rule XVIII Section 7(b)
	Attorney/Patient	\$12.00 (1-10 pp.)	\$.25 11+ (actual postage)	Colorado DOH 6 C.C.R. 1011.1 Part 5, §5.2.3.4
	X-ray -- Attorney/ Insurance/Patient	"Actual cost"	"Actual cost"	Colorado DOH 6 C.C.R. 1011.1 Part 5
Connecticut	State Disability	None	None	State sets fees

	Workers' Comp -- None Hospital		\$.65 (actual postage)	Connecticut General Statute §19a-490b
	Workers' Comp -- None Clinic		\$.45 (actual postage)	Connecticut General Statute §20-7C(b)
	Social Security	No charge to patient filing or appealing SS claim	None	Connecticut General Statute §19a-490b
	Attorney/ Insurance/ Patient -- Hospital	None	\$.65 (actual postage)	Connecticut General Statute §19a-490b
	Attorney/ Insurance/ Patient -- Clinic	None	\$.45 (actual postage)	Connecticut General Statute §20-7C(b)
	X-ray -- Attorney/ Insurance/Patient	"Cost"	"Cost"	Connecticut General Statute §19a-490b
Delaware	State Disability	None	\$1.00 1-5; \$.50 6+; \$35.00 max	State sets fees
Florida	State Disability	None	\$1.00; \$16.00 max within 15 days	Florida Dept. of Labor & Employment Security; 42 CFR §416.1024
	Workers' Comp -- None Attorney/Patient		\$.50 (actual postage)	Florida Admin. Code Rule 38F-7.601
	Workers' Comp Insurance	None	None for required records and reports or for documents required to substantiate medical necessity	Florida Workers' Comp 1991 Provider Manual p. 6, V(B)
	Workers' Comp Insurance Hospital	\$1.00 per year searched	\$1.00 [\$2.00 for microfilm] (actual postage)	Florida Statute §395.3025(1)
	Workers' Comp -- None Insurance Clinic			§§440.13(1)(i) & (4)(c), F.S. 38F-7.020, F.A.C.

	Subpoena -- Hospitals	\$1.00 per year searched	\$1.00 (actual postage)	Florida Statute §395.3025
	Subpoena -- Clinics/Groups	None	\$1.00 (actual postage)	Florida Admin. Code §59R-10.003
	Attorney/ Insurance/ Patient -- Hospital	\$1.00 per year searched	\$1.00 1-25; \$.25 26+ (actual postage)	Florida Statute §395.3025
	Attorney/ Insurance/ Patient -- Clinics	None	\$1.00 per film (actual postage)	Florida Admin. Code §59R-10.003
	Microfilm -- Hospitals	\$1.00 per year searched	\$1.00 1-25; \$.25 26+ (actual postage)	Florida Statute §395.3025
	Microfilm -- Clinics/Groups	"Actual cost"	\$1.00 (actual postage)	Florida Admin. Code §59R-10.003
	X-ray -- Attorney/ Insurance/Patient -- Hospital	\$1.00 per year searched	"Actual cost"	Florida Statute §395.3025
	X-ray -- Attorney/ Insurance/Patient -- Clinic	"Actual cost"	"Actual cost"	Florida Admin. Code §59R-10.003
Georgia	State Disability	\$10.00	None	State sets fees
	Social Security	No charge to make or complete application for benefits	None	Code of Georgia §31-33-3(b)
	Workers' Comp -- Attorney/Insurance	\$10.00 only (1-20 pp.)	\$.50 21+ (actual postage)	Georgia Workers' Comp Summary
	Workers' Comp -- Insurance	None for required forms with supporting documents	None for required forms WC18 & WC20A with supporting documents	Georgia Workers' Comp Summary
	Subpoena	Reasonable charges	Reasonable charges	Code of GA-Article 4; §24-10-73
	Attorney/ Insurance/Patient	"Reasonable costs"	"Reasonable costs"	Code of Georgia §31-33-3(a)

Hawaii	Workers' Comp	None for preparation and submission of required reports	None for preparation and submission of required reports	Section 12-13-92 HRS
Idaho	State Disability	\$10.00 (1-20 pp.) \$15.00 (21-50 pp.) \$20.00 (51+ pp.)		State sets fees
	Workers' Comp	First copy free; second copy reasonable charge	First copy free; additional requests can be at "reasonable charge"	IDAPA 17.02.04.322.01 & .02 (*Applies to second request only)
	Subpoena	Reasonable charges	Reasonable charges	Idaho Evidence Code §9-420
Illinois	State Disability	\$20.00	None	State sets fees
	All Requestor Types -- Hospital Lien	None	None	§770 ILCS 35/3
	Attorney/Patient	"Reasonable expenses"	"Reasonable expenses"	735 ILCS 5/8-2001, 5/8-2003
Indiana	State Disability	\$14.00	None	
	Workers' Comp	\$15.00 (1-10 pp.)	\$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested	Indiana Code §16-39-9
	Subpoena	\$15.00 (1-10 pp.)	\$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested	Indiana Code §34-3-15.5-6
	Attorney/ Insurance/Patient	\$15.00 (1-10 pp.)	\$.25 11+ (actual postage); \$10.00 additional if two-day delivery requested	Indiana Code §16-39-9 (**Fees reviewed by Dept of Insurance**)
	X-ray -- Attorney/ Insurance/Patient	"Actual costs"	"Actual costs"	Indiana Code §16-39-1-2; §16-39-7-2
Iowa	State Disability -- Hospitals	\$7.50	None	State sets fees

State Disability -- \$15.00 Clinics	None	State sets fees
Workers' Comp -- Initial and final Insurance/ assessment is free; Employer duplicate copies \$20.00 (1-20 pp.)	Duplicate copies at \$20.00 + \$1.00 21-30 (actual postage); \$30.00 + \$.50 31- 100; \$65.00 + \$.25 101-200; \$90.00 + \$.10 201+	Iowa Industrial Comm. Rule 343- 8.8(85,17A)
Workers' Comp -- \$20.00 (1-20 pp.) Attorney/Patient	\$20.00 + \$1.00 21-30 (actual postage); \$30.00 + \$.50 31- 100; \$65.00 + \$.25 101-200; \$90.00 + \$.10 201+	Iowa Industrial Comm. Rule 343- 8.8(85,17A)

* Fees adjusted annually

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